

**MARYLAND MEDICAID
UB-92 BILLING INSTRUCTIONS**
(as edited 1/05/05)

**NURSING FACILITY
SERVICES**

EFFECTIVE OCTOBER 17, 2004

THESE INSTRUCTIONS ARE FOR PAPER CLAIMS ONLY.

Additional fields will be required for electronic billing. For information on electronic billing, please refer to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional 837.

BILLING TIME LIMITATIONS

Invoices must be received within nine (9) months of the month of service on the invoice. If a claim is received within the 9-month limit but rejected, resubmission will be accepted within 60 days of the date of rejection or within 9 months of the month of service, whichever is longer. If a claim is rejected because of late receipt, the patient may not be billed for that claim. If a claim is submitted and neither a payment nor a rejection is received within 90 days, the claim should be resubmitted.

OTHER THIRD-PARTY RESOURCES

All other third-party resources should be billed first and payment either received or denied before the Medical Assistance Program may be billed for any portion not covered. However, if necessary to meet the 9-month deadline for receipt of the claim(s), the Medical Assistance Program may be billed first and then reimbursed if the third-party payer makes payment later.

It is preferred that invoices be typed. If printed, the entries must be legible and in black or blue ink only. Do not use pencil or a red pen to complete the invoice. Otherwise, payment may be delayed or the claim rejected. The instructions which follow are keyed to the form locator number and headings on the UB-92 form.

Completed invoices are to be mailed to the following address:

Maryland Medical Assistance Program
Division of Claims Processing
P.O. Box 1935
Baltimore, MD 21203

REQUIRED FIELDS HAVE FIELD NUMBER AND NAME
BOLDED & UNDERLINED

FL 1 **(Untitled)**

Provider name, address, zip code, and telephone number.

Line 1 - Enter the provider name filed with the Medical Assistance Program.

Line 2 & 3 - Enter the address to which the invoice should be returned if it is rejected due to provider error.

NOTE: Checks and remittance advices are sent to the provider's address as it appears in the Program's provider master file.

Line 4 - Enter provider area code and phone number (optional).

FL 2 (Untitled)
DO NOT USE. This field has been assigned by Maryland Medicaid for internal use only.
(ICN- Invoice Control Number)

FL 3 **Patient Control Number**

Enter the patient's control number assigned to the patient by the facility. A maximum of 11 positions will be returned on the remittance advice to the provider. The facility must assign each patient a unique number.

FL 4 **Type of Bill**

This three-digit numeric code gives three specific pieces of information. The first digit identifies the type of facility. The second classifies the type of care. The third digit indicates the bill sequence for this particular episode of care and is referred to as a "frequency" code. All three digits are required to process a claim.

CODE STRUCTURE

Type of Facility	(1st digit)
Bill Classification	(2nd digit)
Frequency	(3rd digit)

<u>Type of Facility</u>	<u>1st Digit</u>
--------------------------------	-------------------------

Skilled Nursing	2
------------------------	----------

<u>Type of Care</u>	<u>2nd Digit</u>
----------------------------	-------------------------

Intermediate Care	6
--------------------------	----------

Frequency**3rd Digit**

Admit Through Discharge Claims	1
Interim Billing - First Claim	2
Interim Billing- Continuing Claim	3
Interim Billing - Last Claim	4

DEFINITIONS FOR FREQUENCY**(1) - Admit Through Discharge Claims**

This code is to be used when a bill is expected to be the only bill to be received for a course of treatment. This will include bills representing a total course of treatment, and bills which represent an entire benefit period of the primary third party payer.

(2) - Interim Billing - First Claim

This code is to be used for the first of a series of bills to the same third party payer for the same course of treatment. If used, Locator 22 should equal "30".

(3) - Interim - Continuing Claim

This code is to be used when a bill for the same course of treatment has previously been submitted and it is expected that further bills for the same course of treatment will be submitted. If used, Locator 22 should equal "30".

(4) - Interim - Last Claim

This code is to be used for the last of a series of bills for which payment is expected to the same third party payer for the same course of treatment.

FL 5 Federal Tax No.
Not required

FL 6 Statement Covers Period (From - Through)

Enter the "From" and "Through" dates covered by the services on the invoice (MMDDYY).

NOTE: Medicare Part A and Part B claims should include the from and through dates as indicated on the Medicare payment listing or EOMB. Statement covers period dates must match the dates reflected on the Medicare EOMB.

FL 7 Covered Days

Number of days covered by invoice

FL 8 Non-covered Days
Not required

FL 9 Co-insurance Days
Not required

FL 10 Lifetime Reserve Days
Not required

FL 11 Untitled
Not required

FL 12 **Patient Name**

Enter the patient's name as it appears on the Medical Assistance card: last name, first name, and middle initial. (Please print this information clearly.)

FL 13 Patient Address
Not required

FL 14 Patient Birth Date
Not required

FL 15 Patient Sex
Not required

FL 16 Patient Marital Status
Not required

FL 17 **Admission/Start of Care Date** (Required 1st month only)

Enter the Facility Admission Date

NOTE: When a nursing home patient goes into hospice and returns to the nursing home the old admittance date to the nursing home is acceptable for the new admittance date from hospice care.

FL 18 Admission Hour
Not required

FL 19 **Type of Admission**

Enter Code 3 – Elective

FL 20 **Source of Admission**

Enter appropriate code from table below:

1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a hospital

5	Transfer from a skilled nursing facility
6	Transfer from another health care facility (other than acute care or skilled nursing facility)
7	Emergency Room
8	Court/Law Enforcement

FL 21 Discharge Hour
Not required

FL 22 Patient Status

Enter appropriate code from list below indicating the patient's disposition at the time of billing for that period of care.

01	Discharged to self or home care
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to a skilled nursing facility (SNF)
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to another institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of an organized home health service organization
07	Left against medical advice or discontinued care
20	Expired
30	Still a patient
43	Discharged/transferred to a federal hospital
50	Hospice – home (discharged to)
51	Hospice – medical facility (discharged to)

FL 23 Medical Record Number
Not required

FL 24-30 Condition Codes
Not required

FL 31 Untitled
Not required

FL 32-35 a-b Occurrence Codes and Dates

Use these codes if applicable. Enter the appropriate codes and dates from the codes listed below. Fields 32a-35a must be completed before fields 32b-35b can be utilized. If all the occurrence code fields 32a & b – 35a & b are filled, then 36a & b may be used to capture additional occurrence codes. When FL 36 is used in this way the “through” date is left blank.

Code 25 replaces the third party liability “K” override code.

Code	Definition
42	Date of Death/Discharge
25	Date Benefits Terminated by Primary Provider
A3	Benefits Exhausted (This code is used when Medicare benefits are exhausted)

FL 36a &b **Occurrence Span Codes and Dates**

Required for Administrative Days if any are billed.

Enter an occurrence code and span for Administrative Days. The Administrative Day occurrence Code is 75. Therefore, in FL36 enter 75 under code, and the span covered under FROM and THROUGH. These days **must** be billed under the Administrative Day Revenue Code, 0169, in FL42.

Administrative Day span data will be given to Delmarva along with the other data they receive from the monthly claim as part of the patient assessment process. Delmarva will check to see if documentation for Administrative Days exists for the days entered on the claim. If the documentation for Administrative Days does not exist or is not acceptable, the days will be denied.

Providers will no longer be required to attach a copy of the DHMH 2129 to the invoice.

FL 37 Internal Control Number (ICN)/Document Control Number (DCN)
Not required

FL 38 Untitled
Not required

FL 39-41 a-b Value Codes and Amounts
Not required

FL 42 **Revenue Codes**

FOR SERVICE DATES PRIOR TO OCTOBER 1, 2004

Enter **both** the 5-digit procedure code **in FL 44 and** the four-digit revenue code **in FL 42** from the chart below that crosswalks procedure codes to revenue codes. After the last set of codes, enter revenue code 0001 – Total Charge.

NOTE:

1. For therapy services, link the specific procedure code with the more generic revenue code, e.g. procedure codes N0200, N0205, N0210 and N0215 would all be linked to revenue code 0420.
2. For services that link one procedure code to 2 revenue codes (one for associated supplies), tube feeding Medicaid and decubitus ulcer care, link the procedure code to the one revenue code for skilled nursing as indicated in the pre-October service date chart. The supply revenue codes for these procedures have been omitted.

3. Regarding administrative days, for pre-October services bill the level of care procedure code and the corresponding level of care revenue code.
4. **For services eliminated as of July 1, 2003:** Days of Care Light Behav, Days of Care Moderate Behav, Ostomy Care, Single Injections and Multiple Injections link the procedure code to the temporary revenue code as indicated in the pre-October service date chart under the Section “Eliminated Services”.

PRE - OCTOBER 2004 SERVICE DATE CHART

PROCED CODES – FL 44		REVENUE CODES – FL 42		
DESCRIPTION	PROCED CODE	DESCRIPTION	REVENUE CODE	UNITS
DAYS OF CARE				
Days of Care Light	N0010	Rm & Brd Semi-Private – General	0120	
Days of Care Moderate	N0020	Rm & Brd Semi-Private – Other	0129	
Days of Care Heavy	N0030	Subacute Care-General	0190	
Days of Care Heavy Spec	N0040	Subacute Care-Other	0199	
ICF - MR	N2200	All Inclusive Rm & Brd Plus Ancillary	0100	
Hospital Leave	N0005	Leave of Absence – NH-Hospital	0185	
Therapeutic Home Leave	N0006	Leave of Absence – Therapeutic Lv.	0183	
Coinurance Days	N0120	All Inclusive Rm & Brd	0101	
Administrative Day	Most recent level	Administrative Day	Most recent level	
ADDITIONAL NURSING SERVICES				
Class A Support Surface	N0051	DME – General	0290	
Class B Support Surface	N0052	DME – Other	0299	
Oxygen	N0090	Respiratory – Inhalation Services	0412	
Suctioning/Trache Care	N0110	Respiratory – General	0410	
Ventilator Care	N0115	Respiratory – Other	0419	
IV - Central Line	N0048	IV Therapy – Other	0269	
Peripheral IV	N0100	IV Therapy – General	0260	
Turning and Positioning	N0043	Incremental Nursing – General	0230	
Communicable Disease Care	N0046	Incremental Nursing – Other	0239	
Tube Feeding Medicaid	N0044	Skilled Nursing – Other	0559	
Tube Feeding - Medicare	N0045	Skilled Nursing – Other	0559	
Decubitus Ulcer Care	N0042	Skilled Nursing – General	0550	
ELIMINATED SERVICES				
Days of Care Light Behav	N0015		0124	
Days of Care Moderate Behav	N0025		0194	
Ostomy	N0080		0670	
Single Injections	N0060		0680	
Multiple Injections	N0070		0690	
THERAPY SERVICES				
Physical Therapy 1/4 hour	N0200	Physical Therapy – General	0420	1 unit per day
Physical Therapy 1/2 hour	N0205	Physical Therapy – General	0420	2 units per day

Physical Therapy 3/4 hour	N0210	Physical Therapy – General	0420	3 units per day
Physical Therapy 1 hour	N0215	Physical Therapy – General	0420	4 units per day
Occupational Therapy 1/4 hour	N0300	Occupational Therapy – General	0430	1 unit per day
Occupational Therapy 1/2 hour	N0305	Occupational Therapy – General	0430	2 units per day
Occupational Therapy 3/4 hour	N0310	Occupational Therapy – General	0430	3 units per day
Occupational Therapy 1 hour	N0315	Occupational Therapy – General	0430	4 units per day
Speech Therapy 1/4 hour	N0400	Speech Therapy – General	0440	1 unit per day
Speech Therapy 1/2 hour	N0405	Speech Therapy – General	0440	2 units per day
Speech Therapy 3/4 hour	N0410	Speech Therapy – General	0440	3 units per day
Speech Therapy 1 hour	N0415	Speech Therapy – General	0440	4 units per day

FOR SERVICE DATES BEGINNING OCTOBER 1, 2004

Enter the appropriate four-digit revenue code **only** in **FL 42** from the chart below that crosswalks procedure codes to revenue codes. Please note that there are **two revenue codes** for Tube Feeding Medicaid and Decubitus Ulcer Care - Medicaid. After the last code, enter revenue code 0001 – Total Charge. To assist in bill review, revenue codes should be listed in ascending numeric sequence with the exception of “0001 - Total Charge” which should always be last.

NOTE: Each revenue code may only be used once. Consolidate all charges and units into one revenue code line item. For example, enter only one code for Physical Therapy.

SERVICE DATES BEGINNING OCTOBER 1, 2004 CHART

PROCED CODES - do not use		REVENUE CODES - FL 42		
DESCRIPTION	PROCED CODE	DESCRIPTION	REVENUE CODE	UNITS
DAYS OF CARE				
Days of Care Light	N0010	Rm & Brd Semi-Private - General	0120	
Days of Care Moderate	N0020	Rm & Brd Semi-Private - Other	0129	
Days of Care Heavy	N0030	Subacute Care-General	0190	
Days of Care Heavy Spec	N0040	Subacute Care-Other	0199	
ICF - MR	N2200	All Inclusive Rm & Brd Plus Ancillary	0100	
Hospital Leave	N0005	Leave of Absence – NH-Hospital	0185	
Therapeutic Home Leave	N0006	Leave of Absence – Therapeutic Lv.	0183	
Coinurance Days	N0120	All Inclusive Rm & Brd	0101	
Administrative Day	Most recent level	Administrative Day	0169 with code 75 and span in FL36	
ADDITIONAL NURSING SERVICES				
Class A Support Surface	N0051	DME – General	0290	
Class B Support Surface	N0052	DME – Other	0299	
Oxygen	N0090	Respiratory – Inhalation Services	0412	
Suctioning/Trache Care	N0110	Respiratory – General	0410	
Ventilator Care	N0115	Respiratory – Other	0419	
IV - Central Line	N0048	IV Therapy – Other	0269	

Peripheral IV	N0100	IV Therapy – General	0260	
Turning and Positioning	N0043	Incremental Nursing – General	0230	
Communicable Disease Care	N0046	Incremental Nursing – Other	0239	
Tube Feeding - Medicaid (note that this procedure crosswalks to 2 revenue codes)	N0044	Skilled Nursing – Other	0559	
		Medical/Surgical Supplies - Other	0279	
Tube Feeding - Medicare	N0045	Skilled Nursing – Other	0559	
Decubitus Ulcer Care - Medicaid (note that this procedure crosswalks to 2 revenue codes)	N0042	Skilled Nursing – General	0550	
		Medical/Surgical Supplies - Sterile	0272	
Decubitus Ulcer Care - Medicare	N0042	Skilled Nursing – General	0550	
THERAPY SERVICES				
Physical Therapy 1/4 hour	N0200	Physical Therapy – General	0420	1 unit per day
Physical Therapy 1/2 hour	N0205	Physical Therapy – General	0420	2 units per day
Physical Therapy 3/4 hour	N0210	Physical Therapy – General	0420	3 units per day
Physical Therapy 1 hour	N0215	Physical Therapy – General	0420	4 units per day
Occupational Therapy 1/4 hour	N0300	Occupational Therapy - General	0430	1 unit per day
Occupational Therapy 1/2 hour	N0305	Occupational Therapy - General	0430	2 units per day
Occupational Therapy 3/4 hour	N0310	Occupational Therapy - General	0430	3 units per day
Occupational Therapy 1 hour	N0315	Occupational Therapy - General	0430	4 units per day
Speech Therapy 1/4 hour	N0400	Speech Therapy – General	0440	1 unit per day
Speech Therapy 1/2 hour	N0405	Speech Therapy – General	0440	2 units per day
Speech Therapy 3/4 hour	N0410	Speech Therapy – General	0440	3 units per day
Speech Therapy 1 hour	N0415	Speech Therapy – General	0440	4 units per day

FL 43 Revenue Descriptions
Not required

FL 44 HCPCS/RATES

Required for dates of service prior to 10/1/04 only.
Enter the 5 digit procedure code from the pre – October 2004 service date chart

FL 45 Service Date
Not required

FL 46 Units of Service

Enter the number of days or units of service on the line adjacent to the revenue code.
There must be days or units of service for every revenue code except 0001.

Up to three numeric digits may be entered.

NOTE:

For Service Dates Prior to October 1st

1. The days of care will be linked to **procedure codes and revenue codes** as indicated in the pre-October service date instructions and chart.
2. Enter the **days** associated with the **therapy procedure codes**.

For Service Dates Beginning October 1st

1. **Sum the units** for the therapy **revenue codes**.

FL 47 **Total Charges**

Using Medical Assistance reimbursement rates, sum the total covered charges for the billing period by revenue code (FL 42) and enter them on the adjacent line in FL 47.

NOTE: Medical Assistance will pay the lower of Medical Assistance rates or the billed rates, if different.

The last revenue code entered in FL 42 is 0001 which represents the grand total of all charges billed. Sum column 47 on the adjacent line. Each line allows up to nine numeric digits (0,000,000.00).

FL 48 Non-Covered Charges
Not required

FL 49 Untitled
Not required

FL 50 a,b,c Payer Identification
Not required

FL 51 a,b,c **Medical Assistance Provider Number**

Enter the 9-digit provider number assigned by the Medical Assistance Program.

NOTE: If other provider numbers are listed, then the Medical Assistance provider number should be the last entry in this field.

FL 52 a,b,c Release of Information Certification Indicator
Not required

FL 53 a,b,c Assignment of Benefits Certification Indicator
Not required

FL 54 a,b,c **Prior Payments - Payer and Patients**

Enter the amount paid by any third-party insurer. These amounts should be entered on lines a,b,or c according to payer in FL 50

NOTE: Do not report Medicare's payment in this field.

FL 55 a,b,c Estimated Amount Due
Not required

FL 56 Untitled
Not required

FL 57 Untitled
Not required

FL 58 a,b,c Insured's Name
Not required

FL 59 a,b,c Patient Relationship to Insured
Not required

FL 60 **Certificate/SSN/HIC/ID Number**

Enter the Medical Assistance number of the insured as it appears on the Medical Assistance card.

REMINDER: Providers may verify a patient's current Medical Assistance eligibility by calling the Eligibility Verification Services (EVS) line:

Baltimore Metropolitan Area: (410) 333-3020
Toll-Free Long Distance: 1-800-492-2134

If the patient does not have his or her Medical Assistance identification card, a provider may call (410) 767-5503, or 1-800-445-1159, identify themselves by provider number, give the patient's full name, address, social security number, and date of birth and obtain the Medical Assistance number.

FL 61 Insured's Group Name
Not required

FL 62 Insurance Group Number
Not required

FL 63 Treatment Authorization Codes
Not required

FL 64 a,b,c Employment Status Code
Not required

FL 65 Employer Name
Not required

FL 66 Employer Location
Not required

FL 67 **Principal Diagnosis Code**

Enter the full ICD-9-CM code describing the principal diagnosis.

Always code to the most specific level possible, but do not enter any decimal points when recording codes on the UB-92.

FL's 68-75	Other Diagnosis Codes Not required
FL 76	Admitting Diagnosis Not required
FL 77	External Cause of Injury Code (E-Code) Not required
FL 78	Untitled Not required
FL 79	Procedure Coding Method Used Not required
FL 80	Principal Procedure Code and Date Not required
FL 81 a-e	Other Procedure Codes and Dates Not required

FL 82 **Attending Physician Identification Number**

Enter the 9-digit Medical Assistance provider number of the patient's attending physician. If the attending physician has a Medical Assistance provider number but it is not known/available, enter "999995700".

FL 83 Other Physician Identification Number
Not required

FL 84 Remarks
Not required

FL 85 Provider Representative Signature
Not required

FL 86 **Date Bill Submitted**

Complete this field with the 6-digit date billed.